

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

20 F STREET, NW

SUITE 310 C

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001-6704

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00325936

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. DOUGLAS J. MATHISEN

Signature of Treasurer

DR. DOUGLAS J. MATHISEN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

10

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		84511.43
(b) Cash on Hand at Beginning of Reporting Period.....	126290.62	
(c) Total Receipts (from Line 19)	4080.00	84310.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	130370.62	168821.43
7. Total Disbursements (from Line 31)	407.38	38858.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	129963.24	129963.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 05 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 05 / 31 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2980.00

73395.00

(ii) Unitemized

1100.00

10915.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4080.00

84310.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

4080.00

84310.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4080.00

84310.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

4080.00

84310.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	407.38	3358.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	407.38	3358.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	35500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	407.38	38858.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	407.38	38858.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4080.00	84310.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4080.00	84310.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	407.38	3358.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	407.38	3358.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 9

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. LINDA BOGAR

Mailing Address 2921 TELESTAR COURT

City State Zip Code
 FALLS CHURCH VA 22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CV&T SURGERY ASSOCIATES

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 05 / 07 / 2015

Transaction ID : SA11AI.6138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR. EDWARD CROCKER, JR.

Mailing Address 1636 CHICKASAW DRIVE

City State Zip Code
 COLUMBUS MS 39705

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BAPTIST MEMORIAL HOSPITAL

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 05 / 29 / 2015

Transaction ID : SA11AI.6147

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR. STEPHEN FALL

Mailing Address 6140 WEST CURTESIAN AVENUE

City State Zip Code
 BOISE ID 83704

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ST. ALPHONSUS MEDICAL CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

MM / DD / YYYY
 05 / 14 / 2015

Transaction ID : SA11AI.6142

Amount of Each Receipt this Period

730.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. JOHN C. OFENLOCH

Mailing Address 109 DRIFTWOOD LANE

City

LARGO

State

FL

Zip Code

33770

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYCARE HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.6151

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. CHUKUMA I. OKADIGWE

Mailing Address 191 OCEAN AVENUE

City

BROOKLYN

State

NY

Zip Code

11225

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.6129

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR. THOMAS C. WOZNAK

Mailing Address 13855 COLDWATER DRIVE

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

CV SURGICAL SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.6154

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

2980.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.6133

Amount of Each Disbursement this Period

63.86

B. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City	State	Zip Code
KNOXVILLE	TN	37920

Purpose of Disbursement

CREDIT CARDS FEES

Candidate Name	Score
John Doe	85
Jane Smith	78
Michael Johnson	92
Sarah Williams	88
David Brown	75
Emily Davis	82
James Wilson	79
Alice Taylor	87
Robert Miller	76
Olivia Moore	83
William Clark	77
Isabella Lewis	86
Benjamin Hall	74
Mia King	81
Ethan Green	73
Ava White	89
Lucas Black	72
Sophia Gray	84
Matthew Red	71
Charlotte Blue	80
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86
Andrew Pink	75
Evelyn Orange	82
Joshua Green	78
Madison Blue	85
Christopher Yellow	70
Amelia Purple	86

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

05 / 04 / 2015

Transaction ID : SB21B.6135

Amount of Each Disbursement this Period

66.95

C. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City	State	Zip Code
KNOXVILLE	TN	37920

Purpose of Disbursement

CREDIT CARDS FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.6146

Amount of Each Disbursement this Period

129.03

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

259.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUNTRUST BANK

Mailing Address 3440 WISCONSIN AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20016

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : SB21B.6145

Amount of Each Disbursement this Period

121.18

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

121.18

381.02
